

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP.	IND	DEP.	IND	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	IND	DEP.	IND	DEP.	IND	DEP.
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100						
TOTAL IND.	2					
TOTAL DEP.	33					
TOTAL CLAIMS	35					